



Cobb County Neighborhood Stabilization Program Office

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Cobb County
NSP CLIENT APPLICATION

Client Name _____

Case # _____

Date _____

The information collected below will be used to determine whether you qualify as an applicant under our Neighborhood Stabilization Program. It will not be disclosed outside the Cobb County Community Development Office without your consent, except to your employer for verification of income or employment and to financial institutions for verification of information as required and permitted by law. Your application may be delayed or rejected if the information requested is not received.

APPLICANT INFORMATION				
Name:	Home Phone #	Cell #		
Street Address				
City	State	Zip Code		
Marital Status (circle one) Married Single Divorced		No. of Dependents	Ages	
Name and Address of Employer			Self Employed / Retired (circle one)	
Business Phone #	Position/Title	Number of Years on Job		

ANNUAL INCOME OF HOUSEHOLD				
SOURCE	APPLICANT	SPOUSE	OTHER 18 +	TOTAL
Salary				
Social Security				
Pension, Retirement Funds, etc.				
Unemployment Benefits				
Workers Compensation				
Alimony, Child Support				
Welfare Payments				
Other Income				



Revised 3/25/2009

ASSETS

TYPE	CASH VALUE	ANNUAL INCOME FROM ASSETS	BANK NAME	ACCOUNT NUMBER
Checking Accounts				
Savings Accounts				
Credit Union Accounts				
Stocks				
Life Insurance				
Other (i.e. rental property)				
Home: Estimated Value				

LIABILITIES

List outstanding debts including auto loans, credit cards, charge accounts, credit union loans, personal loans, real estate loans (except for the home you live in), and all other loans.

TYPE	CREDITOR'S NAME	MONTHLY PAYMENT	UNPAID BALANCE	DUE DATE

Monthly Alimony \$ _____ Monthly Child Support \$ _____ Monthly Child Care \$ _____

If yes answer is given to any question below, please explain on an attached sheet:

1. Do you have any outstanding, unpaid judgments? Yes No Amount (if applicable) \$

2. In the past 7 years, have you been declared bankrupt? Yes No

3. Are you a party in a law suit? Yes No



HOUSEHOLD COMPOSITION

(List the head of household and everyone that lives in your home and the relationship of each member to head of household.)

MEMBER	FULL NAME	RELATIONSHIP	AGE	SOCIAL SECURITY NUMBER
1		APPLICANT		
2				
3				
4				
5				
6				

1. Does anyone live with you now who are not listed above? Yes No

2. Does anyone plan to live with you in the future who are not listed above? Yes No

3. If you answered "Yes" to either question above, please explain:

4. Is anyone listed above have a disability?

HEAD OF HOUSEHOLD INFORMATION (circle one)

	ETHNIC ORIGIN	
SINGLE RACE	Hispanic or Latino	Non-Hispanic or Non-Latino
White		
Black/African American		
Asian		
American Indian/Alaskan Native		
Native Hawaiian/Other Pacific Islander		
MULTI-RACE		
American Indian/Alaskan Native & White		
Asian & White		
Black/African-American & White		
American Indian/Alaskan Native & Black/African American		
Other Multi Racial		

EQUAL HOUSING
OPPORTUNITY

Revised 3/25/2009

How did you hear about the NSP Program?

Are you a first time home buyer? Yes No

APPLICANT'S CERTIFICATION

I/We, the undersigned, certify that all information provide in this application is true and complete to the best of my knowledge and belief. I/We consent to the disclosure of such information for purpose of income verification related to my/our application for financial assistance. I/We understand that any willful misstatement of material facts will be grounds for disqualification. I certify that I am the owner occupant (meaning occupied by the applicant and used as the primary residence at least 10 months annually) and that I/We hold fee simple title to the above property. Failure to disclose all income or the reporting of inaccurate or false information will result in disapproval of assistance and will be considered fraudulent.

Applicant: _____ Date: _____ / _____ / _____

Co-Applicant: _____ Date: _____ / _____ / _____



EQUAL HOUSING
OPPORTUNITY

Revised 3/25/2009



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Affidavit Verifying Status of Benefit Applicant

Pursuant to the Georgia Security and Immigration Compliance Act, passed during the 2006 Georgia Legislative Session as Senate Bill 529, every agency in Cobb County providing public benefits through any state or federal program is responsible for determining the immigration status of citizen applicants for said benefits.

By executing this affidavit under oath, as an applicant for benefits, I am stating the following with respect to my application for benefits from Cobb County Neighborhood Stabilization Program:

_____ I am a United States citizen or legal permanent resident 18 years of age or older;

OR

_____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement of representation in an affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

ALIEN #: _____

I-94 #: _____

Signature of Application

Date

Printed Name

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
____ DAY OF _____, 200__

Notary Public Signature: _____

My Commission Expires: _____

***** Please complete the above two documents in their entirety. The document titled, 'Affidavit Verifying Status of Benefit Applicant,' must be notarized; therefore do not sign this document prior to returning it to our office. We will have a Notary Public available to you. When you have completed both documents, please contact our office to schedule a brief meeting. At that time, you must also provide a photo ID and either Social Security card or legal U.S. residency documentation. *****